TOWN OF SOUTH WINDSOR PLANNING & ZONING COMMISSION APPLICATION FORM

	ATT DICATION FORM
Application Number:	in the second se
Official Receipt Date:	
Munis Application #:	
APPLICANT: Friends of Wood Memoria	<u>I</u>
PROJECT NAME: Wood Memorial Libra	ary Native American Village Exhibition
COMPLETE LOCATION OF PROPERTY:	
OWNER OF RECORD ON LAND RECOR	DS: Friends of Wood Memorial
OWNER ADDRESS: 783 Main Street	
GIS PIN # _5490L066	ZONE <u>A-40</u>
NAME, ADDRESS, TELEPHONE & EMA	IL ADDRESS OF PERSON TO WHOM INQUIRIES SHOULD BE DIRECTED:
Daniel H. Jameson, E.I.T. (Project Engine	eer) of Design Professionals Inc. 21 Jeffrey Drive, South Windsor CT 06074
	860-291-8755 Estimated presentation time: 10
THIS APPLICATION IS FOR: (Check all	that apply):
Zone Change to	(Public Hearing and Certificate of Mailing Required)
☐ Open Space Subdivision/Resubdivis	sion (Public Hearing and Certificate of Mailing Required)
Subdivision	☐ Minor ☐ Major
Resubdivision (Public Hearing Requi	red) Minor Major
Conditional Subdivision	
Special Exception to Table New	(Public Hearing and Certificate of Mailing Required)
General Plan of Development	Modification Building(s) Sq Ft
	Removal (Sec. 7.16) (Public Hearing and Certificate of Mailing Required)
Regulation Amendment Zoning Subdivision - Attach proposed amendment (Public Hearing Required)	
☐ Temporary and Conditional Permit (Public Hearing Required) for
Temporary and Conditional Permit B	Renewal for Outdoor Native American Museum Exhibit
☐ Detached In Law Apartment or ☐ A	ccessory Apartment (Public Hearing and Certificate of Mailing Required)
☐ Major Home Occupation (Certificate	of Mailing Required) for
Signature of Applicant Print Name of Applicant	Signature of Property Owner Print Name of Property Owner Print Name of Wood Memorial Library & Museum
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